

## ***Workshop 5: Substance Abuse among Pregnant Women***

Moderator: Ken Dominguez

The goal of this workshop was to introduce attendees to important treatment and care issues for substance-abusing pregnant women and encourage them to incorporate this knowledge into their plans for providing pregnancy testing, HIV-related counseling and testing, and HIV-related care to these women.

The objectives were:

- To discuss the barriers faced by substance-abusing pregnant women to substance-abuse rehabilitation and treatment and prenatal care services.
- To discuss the criminalization of substance-abusing women.
- To describe current state-based perinatal HIV-elimination projects geared to addressing the needs of substance-abusing pregnant women.
- To describe other programmatic efforts (federal, state, or local) related to providing substance-abuse rehabilitation to substance-abusing pregnant women.
- To encourage states to begin addressing some of the issues brought up in today's workshop in the context of their perinatal HIV elimination projects.

There were three presenters: Jo Sotheran, Ph.D., from the Division of Sociomedical Sciences, Columbia University, Mailman School of Public Health; Karol Kaltenbach, Ph.D., Director of Maternal Addiction Treatment Education and Research, Jefferson Medical College, Thomas Jefferson University; and Ulonda Shamwell, M.S.W., Associate Administrator for Women's Services, SAMHSA.

While the three presenters represented three different institutions, they all highlighted issues that were equally important and somewhat similar. Dr. Sotheran discussed the social nature of drug use, drug users' background, and how these may influence access to treatment and services. She also highlighted the barriers to services and ways of eliminating the barriers. In an effort to provide services to drug users, especially pregnant drug users, it is important and necessary to understand the world of drug users as they see it. Drug use is a social act. Drug users are part of a social network and they operate within a social network. They are involved in a daily routine of selling and buying drugs. They are also involved in illegal activities. Many of them either come from broken relationships or suffer from broken relationships. Contrary to belief, the drug users are very focused and goal-oriented and are involved in very time consuming activities.

Drug users do not always plan for the future. Among drug users, there is a high prevalence of mental illness, including PTSD and anxiety disorders. More men than women are drug users. Women are often dependent on others for drugs or money. Many of them have experienced sexual and physical abuse. Stigma is greater among female drug users. Many female drug users are involved with another drug user. Many of them are also mothers.

There are a number of barriers to accessing the services available for pregnant, drug-abusing women. Very few drug treatment programs exclusively serve women. Providers do not always understand the issues surrounding drug abuse. Many women are faced with child-care issues. Because they fear action by the child protective services, they are not always willing to reveal their drug use. Many present themselves for services very late into their pregnancy. In order to address the issues faced by pregnant

drug-using women, there is a need to focus on women-centered services, including both legal and mental health services.

Dr. Kaltenbach focused her presentation on treatment issues for substance-abusing pregnant women. She highlighted three areas: the relationship between prevention and treatment; barriers to treatment; and the complexity of the needs of substance-abusing women. In dealing with substance-abusing pregnant women, prevention and treatment should not be considered separately. There are a number of barriers to treatment. These are: lack of adequate programs for pregnant and parenting women; criminalization and prosecution of substance-using pregnant women; fear of losing custody of a child; judgmental attitudes of providers; and addiction issues, such as denial of addiction, medication of feelings, issues of control and responsibility, and viewing relapse as a failure. Additional concerns in relation to barriers to treatment are: fear of facing problems and feelings, fear of loss of partner, difficulty in coping with changes in relationships, anticipation of failure in being abstinent, and lack of social support for recovery.

Substance-abusing pregnant women have complex needs. They have various medical needs such as treatment for HIV and other STDs, anemia, hypertension, urinary tract infection, and hepatitis. They need psychiatric services and family social services. Most of them have limited education, very few marketable skills, and limited work experience. Many of them are also homeless as well as heads of households and primary caretakers. They suffer from high levels of anxiety and depression, with low levels of self-esteem. Many of them were sexually and physically abused when they were children.

Ulonda Shamwell from SAMHSA discussed various SAMHSA goals and how those affect services for pregnant women. Through SAMHSA block grants to the states (the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant), the states ensure that pregnant women are given preference for treatment. Five percent of the Substance Abuse Prevention and Treatment Block Grant is set aside for pregnant and parenting women. SAMHSA has a number of programs focusing on women. While Ms. Shamwell highlighted the need for gender-specific treatment for women, she also identified a number of barriers to treatment for women. These are: stigma; lack of early identification of the problem by professionals; lack of child care and of access to children's services; lack of residential treatment programs that can accommodate mothers with children; and lack of transportation to and from treatment sessions. In addition, other barriers identified were: lack of appropriate services sensitive to the needs of women with various issues and staff attitudes towards women. SAMHSA has a comprehensive model for substance-abusing women, including outreach, intake screening and comprehensive health assessment, medical treatment and linkages and collaboration, health education and prevention, educational training and remediation, transportation, housing, child-care services, and continuing care. Intake screening and comprehensive health assessments are important tools in understanding the women's needs and developing appropriate programs.

At the end of the presentations, a number of issues were discussed and suggestions made by the states. In terms of collaboration with other programs, representatives from Chicago and Florida suggested establishing linkages between HIV prevention programs and drug treatment programs; bringing together all providers to talk about information sharing and collaboration; and conducting joint outreach by HIV and substance abuse treatment programs. A number of jurisdictions (Puerto Rico, New York, Texas, Maryland, Virginia, and Illinois) work with substance-abusing women.

The participants also discussed the need for gender-specific comprehensive programs. The need for

training various providers was emphasized. In addition, there is also a need to access to various services. In Texas, both HIV prevention providers and Ryan White service providers are trained in harm reduction philosophy.